


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000000226 1. Entity Name <b>SEARSTOWN MALL ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3550 S WASHINGTON AVE          TITUSVILLE, FL 32780</b>	Mailing Address <b>3550 S WASHINGTON AVE          TITUSVILLE, FL 32780</b>
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02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3646461</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EVANS, JOHN H  
 1702 S WASHINGTON AVE  
 TITUSVILLE, FL 32780**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000054556  
 02/17/04-80001-009-61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLOWE, WOODROW JR P O BOX 36 CLARKTON, NC 28433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARLOWE, PRISCILLA P O BOX 36 N/A CLARKTON, NC 28433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHICHARD, ANGELA 3901 LEWIS P. OLDS WYND RALEIGH, NC 37612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, DEBRA T 3550 S WASHINGTON AVENUE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Debra T Hardy* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_